

# Environmental Protection Agency, Region 9 Drinking Water Tribal Set-Aside Grant

## Project Proposal Form

**Directions: See Section IV.D of the Guidance**

**Page 1**

<b>Applicant Information</b>	Tribe Submitting Proposal _____ Did you receive Drinking Water Tribal Set-Aside money for this project this year? _____ Did you receive drinking water state revolving fund money for this project this year? _____
<b>Contact Information</b>	Name _____ Title _____ Email _____ Address _____ Fax Number _____ _____ Phone Number _____
<b>Service Area Information</b>	Total Population Served _____ Total number of connections _____ Number of meters _____ Percent of connections metered _____ Is billing based on meter readings? _____ Number of tribal people served by project(s) _____ Number of non-tribal people served by project(s) _____
<b>Water Utility Information</b>	Project Location _____ Water System Owner _____ Will the proposed project be owned by a different entity? If yes, please explain _____ _____ Is this a Public Water System? _____ If Yes: What is the Public Water System ID Number? _____ Is this a Community or non-Community Water System? _____ Is this a For-Profit or Non-Profit Water System? _____ Does this system have a certified water operator? _____
<b>Water Supply Information</b>	How many storage tanks are connected to the system? _____ What is the capacity of each tank (in gallons)? _____ _____ How many wells are connected to the system? _____ What is the maximum capacity of each well (in gpm)? _____ _____ How many pressure zones are in the system? _____ Describe each pressure zone (i.e. which tanks are used for each zone). _____ _____ Are there water outages? _____ If so, how often? _____ What is the reason for the outages? _____



# **Environmental Protection Agency, Region 9** **Drinking Water Tribal Set-Aside Grant**

## **Project Proposal Form (continued)**

**Page 2**

Other Background Information	<p>Describe any existing conservation measures_____</p> <p>_____</p> <p>Does the Tribe and/or water utility have a source or wellhead protection program?_____</p> <p>Is the Tribe or system in the process of implementing one of the above programs?_____</p> <p>Is the proposed project a consolidation project?_____ If so, how many systems will be consolidated?_____ What are their populations?_____</p>																									
Project Need	<p>Describe why this project is necessary_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																									
Project Description	<p>Description of Proposed Project_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																									
Project Cost	<p>Estimated Total Project Cost \$_____</p> <p>Cost Breakdown by Health Category:</p> <table border="1"> <thead> <tr> <th>Health Category</th><th>Corresponding Project Component</th><th>Estimated Component Cost</th><th># Connections Benefiting</th><th>Population Served.....</th></tr> </thead> <tbody> <tr> <td>1)_____</td><td>_____</td><td>\$_____</td><td>_____</td><td>_____</td></tr> <tr> <td>2)_____</td><td>_____</td><td>\$_____</td><td>_____</td><td>_____</td></tr> <tr> <td>3)_____</td><td>_____</td><td>\$_____</td><td>_____</td><td>_____</td></tr> <tr> <td>4)_____</td><td>_____</td><td>\$_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Health Category	Corresponding Project Component	Estimated Component Cost	# Connections Benefiting	Population Served.....	1)_____	_____	\$_____	_____	_____	2)_____	_____	\$_____	_____	_____	3)_____	_____	\$_____	_____	_____	4)_____	_____	\$_____	_____	_____
Health Category	Corresponding Project Component	Estimated Component Cost	# Connections Benefiting	Population Served.....																						
1)_____	_____	\$_____	_____	_____																						
2)_____	_____	\$_____	_____	_____																						
3)_____	_____	\$_____	_____	_____																						
4)_____	_____	\$_____	_____	_____																						
Committed Funding	<p>Have other entities committed to contribute funding for this project?_____</p> <p>If so, describe commitment_____</p> <p>Have you applied for funding from other agencies?_____</p> <p>If so, which agencies?_____</p>																									
Project Status	<table> <tr> <td>Feasibility Study Complete?</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td>If Yes, please attach</td> </tr> <tr> <td>Environmental Information Document Complete?</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td>If Yes, please attach</td> </tr> <tr> <td>Design Complete</td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td>If Yes, please attach</td> </tr> </table>	Feasibility Study Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach	Environmental Information Document Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach	Design Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach																
Feasibility Study Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach																								
Environmental Information Document Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach																								
Design Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please attach																								

Signature of Person Certifying this information is accurate\_\_\_\_\_

Title of Above Person\_\_\_\_\_ Date\_\_\_\_\_